

Strategic Plan

2006 - 2010

VA Midwest Health Care Network

January 2006



VISN 23 Today

The VA Midwest Health Care Network, VISN 23, is one of VA's 21 Veteran Integrated Health Service Networks. VISN 23 serves veterans residing in a seven state area through a system of community based outpatient clinics (36), medical centers (11), nursing homes (7) and domiciliary residential rehabilitation treatment programs (4).

The states in the VISN 23 service area include Iowa, Minnesota, Nebraska, North Dakota, South Dakota and portions of Illinois, Kansas, Missouri, Wisconsin and Wyoming. A map of the VISN is presented on page 20.

The medical centers and health care systems include the VA Black Hills Health Care System (Hot Springs and Fort Meade), VA Central Iowa Health Care System (Des Moines and Knoxville), VA Nebraska-Western Iowa Health Care System (Omaha, Lincoln CBOC and Grand Island), Iowa City VA Medical Center, Minneapolis VA Medical Center, St. Cloud VA Medical Center, Fargo VA Medical and Regional Office Center and the Sioux Falls VA Medical and Regional Office Center.

Community based outpatient clinics are located at the following sites listed by state:

Illinois: Galesburg and Quincy

Iowa: Bettendorf, Dubuque, Fort Dodge, Mason City, Sioux City, and Waterloo

Minnesota: Brainerd, Fergus Falls, Hibbing, South Central, Maplewood, Montevideo and Rochester

Montana: Lame Deer

Nebraska: Alliance, Scotts Bluff, Lincoln, Norfolk, North Platte and Rushville

North Dakota: Bismarck, Grafton and Minot

South Dakota: Aberdeen, Eagle Butte/Isabel, McLaughlin, Rosebud, Pine Ridge, Pierre, Rapid City and Winner

Wisconsin: Superior and Chippewa Falls

Wyoming: Newcastle

The mission, vision, values, and organizational strategy are statements guiding leaders and employees as they care for veterans and plan for future services.

Mission

- Honor America's veterans by providing exceptional health care that improves their health and well being.

Vision

- To be a patient-centered, integrated health care organization for veterans providing excellent health care, research and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.

Values

- Trust
- Respect
- Excellence
- Commitment
- Compassion
- Empowerment
- Continuous Improvement
- Collaboration

Organizational Strategy

- Operate as an organization of excellence

Attributes:

- Provides patient centered care
- Provides coordinated care
- Is fully integrated
- Learns continuously
- Improves processes
- Identifies and deals with errors
- Continuously measures performance
- Manages employees' skills and knowledge
- Empowers employees
- Works in teams
- Works collaboratively
- Demonstrates consistent and predictable performance

The VISN operates under a service line collaborative organizational structure where service lines use a formal system to disseminate exemplary practices, coordinate care, conduct strategic planning and integrate the health care delivery system. The following network-wide service lines operate within VISN 23:

- Extended Care and Rehabilitation
- Imaging
- Mental Health Care
- Pathology & Laboratory Medicine
- Primary and Specialty Medicine
- Surgical/Specialty Care

Administrative integrated services foster a culture of systems operation. The following services are integrated at a network level:

- Business Office
- Compliance
- Decision Support Service
- Information Technology
- Logistics
- Prosthetics & Sensory Aids

Environmental Assessment

Key Customers/Market Segment

Under the auspices of VA, VISN 23 is authorized to provide health care services to enrolled veterans. In 2005, 358,689 veterans were enrolled to receive health care services in VISN 23. This represents 33 percent of the one million veterans in VISN 23. Nearly 73 percent of the enrollees chose to actively use VA health care services in FY 2004.

VISN Market Share (2004)

VA Black Hills HCS	42%
VA Central Iowa HCS	24%
VAMC Fargo	27%
VAMC Minneapolis	15%
VA NWI HCS	21%
VAMC Iowa City	19%
VAMC St. Cloud	28%
VAMC Sioux Falls	26%

Sources: VISN 23 DSS (Veteran Users from facility PSA/Vet Population from PSA)

The majority of patients are men (95%), but the number of women selecting VA care is expected to increase as the percentage of women in the military continues to grow.

The VISN also provides health care services to active duty military through sharing agreements with the Department of Defense.

Veterans' families may participate in group therapy programs when their involvement supports the veteran patients' recovery to good health.

Currently, the VISN provides a high proportion of care to aging WWII and Korean War veterans, but the demand for care for Viet Nam veterans and special populations including Native Americans, veterans living in rural areas and veterans whose care is co-managed with community providers is increasing. In FY 2005, the number veterans of the Operation Iraqi Freedom and Operating Enduring Freedom, seeking VA care increased noticeably.

VISN Demographics

2005 Projected Veteran Population	1,083,212
2010 Projected Veteran Population*	979,673
2005 (June) Veteran Enrollees	358,689
*VA Office of Actuary (2000 Census)	

VISN FY 2004 Workload

Unique Patients	263,515
• Men	95%
• Women	5%
Outpatient Visits	2,268,717
Hospital Patients Treated	25,092
Nursing Home Patients	4,144
Domiciliary Patients Treated	1,982
Contract Hospital Patients Treated	3,239
Community Nursing Home Pts. Trtd.	1,251
Fee Outpatient Visits	110,645

Key Services

Through its system of hospitals and clinics the VISN provides inpatient primary, secondary and tertiary care in medical, surgical, neurological, rehabilitative, short and long-term psychiatry modalities; and primary and specialized medical, surgical

and mental health ambulatory care. Nursing home care programs include sub-acute, transitional and long-term care. Home and community based care such as hospice, skilled home care, and homemaker/home health aid services are available. Other programs include residential rehabilitation treatment programs, homeless veterans programs, compensated work therapy/veterans industries, residential care, and vocational assistance.

New programs in FY05 included a Poly Trauma center at VAMC Minneapolis (\$450,000 renovation) and a Bariatric Surgery Program at VA Nebraska Western Iowa HCS.

Key Suppliers and Partners

Key partners to VA in providing care to veterans include university affiliates, contract hospitals, contract community based outpatient clinics and Department of Defense. Major suppliers are multi-vendors for fee basis care, state veterans homes, pharmaceutical companies, community nursing homes and scarce medical contractors.

Changes in Major Technology and Equipment

The VISN continued to implement telemedicine services throughout the network to improve access to rural areas. Telemedicine is now used for diabetic retinal screening, dermatology, orthopedics, post-op clinic visits, mental health services and monitoring congestive heart failure. Tele-health technologies in the home will increase substantially in the next five years. VISN 23 received \$1M from VA Central Office for telehealth equipment in FY04 under the Care Coordination Program.

The Picture Archive and Communications System (PACS) was implemented at VAMC Minneapolis in FY04. PACS provides timely access to patient radiology images. In FY06, digital modalities at all sites will

be integrated to the VISN PACS for Modality Worklist and study archiving purposes. Additionally, Iowa City and Sioux Falls will be fully implemented with PACS, including digital diagnostic interpretation and image distribution. Funding (FY05 capital) permitting, additional sites will be fully implemented with PACS in calendar year 2006 and early 2007.

Two State of the Art (SOA) CT scanners (a 16 slice and a 40 slice) were installed. By the 2nd quarter of FY06, providers will be able to order a variety of new cardiology exams.

Two SOA Nuclear cameras were installed. The workload will increase 20-30%, with backlogs reduced to zero by the 2nd quarter of FY06. A SOA MRI will be installed 2nd quarter of FY06.

Improvements continue to the computerized medical record used at all VA medical centers.

Changes in Legal/Regulatory Environment

The Joint Commission on Accreditation of Healthcare Organizations reviewed all VISN medical centers during FY04 using a new patient focused process, called Shared Visions New Pathways. The new process shifts from survey preparation to one of continuous improvement and uses the patient experience as a viewpoint to assess standards compliance. All medical centers received accreditation.

Commission on Accreditation of Rehabilitation Facilities (CARF) reviews will occur at Minneapolis and St. Cloud in FY06.

During FY06, the VA Investigator General (IG) will conduct Combined Assessment Program (CAP) reviews at the VA Black Hills HCS and VAMC Iowa City.

Staff Profile and Issues

As a service industry, the VISN employed a large work force of 10,471 employees in FY 2004. The workforce was comprised of 639 medical officers, 1,993 nurses, and other staff in pharmacy, dentistry, radiology and laboratory medicine forming the clinical staff structure to provide health care services. There were 1,262 wage grade employees. Of all employees, 8.8 percent represent minority populations, 2,343 were veterans and 999 were employees with disabilities. Staff recruitment and retention will remain challenges in the next ten years. Retirements in key leadership positions are expected.

Employees completed the VA All Employee Survey during FY 2004. Results of the survey indicate that VISN 23 employees are most satisfied with the work quality, type of work and customer satisfaction, and least satisfied with promotion opportunities, senior management and amount of praise received. The Workforce Development Council and VA medical centers are addressing the findings.

Critical Success Factors

Critical success factors influence the organization's survival and operations. Identifying the factors helps the organization focus its efforts and energies in strategic and tactical planning on challenges faced. The Strategic Planning Council identified four Critical Success Factors listed in the box below.

Critical Success Factors

- Quality of health care services and patient safety
- Growth in new users and maintain current users
- Efficient use of staff, equipment and resources
- Customer service

Strengths & Weaknesses Challenges & Opportunities

The VISN faces a number of internal weakness and external challenges as it builds upon its internal strengths and looks toward external opportunities as listed below.

Internal Strengths

- Excellent work force
- Academic affiliations
- High quality of care
- High customer satisfaction and loyalty
- Patient safety programs
- Sharing best practices
- Electronic medical record

Internal Weaknesses

- Equipment/technology updates
- Age of infrastructure/equipment
- Lack of depth in management/ succession planning
- Aging workforce
- Waiting times for specialty care clinics
- Complexity of staffing using contract personnel
- Cost and volume of non-VA care

External Opportunities

- Advanced Clinic Access practices
- Maximizing use of technology, information systems, Telehealth
- Native American and rural health sharing initiatives
- Chronic disease management practices
- External revenue collections
- VA/DoD sharing
- OIF and OEF Veterans

External Challenges

- Variable annual VA budget allocation
- Increase demand for care
- Rising pharmaceutical costs
- Competition for health care workers, especially Specialty Physicians
- Variations in cost and quality of care

Financial Impact

Budget Issues

The budget issues facing the network are workload and creating efficiencies. The budget allocation is based on the VISN's ability to continue to treat the same or greater number of veterans than the national rate and maintain a vesting ratio at or better than the national rate.

Creating efficiencies will allow the VISN to operate within its future budgets. The VISN's utilization and cost must be at or better than the national rates.

Staffing Needs

Additional physicians, nurses, and other staff are needed at most care sites. Surgeon and Radiologist recruitment and retention continue to be issues. Additional case managers will be needed in mental health for poly-pharmacy management. Workforce Succession Plans are underway including a leadership development program (LEAD).

Equipment Needs

Past conversion of equipment funds to operating dollars have prevented the purchase of replacement equipment; however, in the fourth quarter of FY05, the VISN purchased equipment with nearly \$18 million provided by VA Central Office as a supplemental funding.

The following high cost equipment purchases are planned.

VA Central Iowa HCS: Des Moines

- 2006: Special Procedures
- 2009: MRI Scanner

VAMC Iowa City

- 2006: Clinical Info System
- 2007: CT-PET Scanner

VAMC Minneapolis

- 2006: Linear Accelerator 1
- 2007: Linear Accelerator 2
- 2008: Special Procedures 1

- 2009: Special Procedures 2

VAMC Sioux Falls

- 2006: MRI Scanner

Capital Asset Plans

The CARES (Capital Asset for Enhanced Services) process outlined construction and renovations for the next 20 years. The VA Secretary issued the CARES Decision document in May 2004. Based on the decision, the VISN is moving forward with the recommendations.

Major Construction Projects

At Des Moines, construct a new 120 bed NHCU, 20 bed rehab medicine unit, 40 bed RRTP (domiciliary), Administration, Employee education, Clinic and support space, and renovate vacated space for additional primary care (*funded in 2005*).

At Minneapolis, build a new 30-bed spinal cord injury/ disorder center (*funded in 2004*).

At Omaha, upgrade heating and air conditioning to correct indoor air quality deficiencies in 2008.

In Iowa City, construct a new Specialty Care Building, proposed for 2009.

At Fargo, build a new addition for specialty care, proposed for 2009.

Minor Construction Projects

VA Central Iowa HCS: Des Moines

- 2004-2: Renovate ward to create new 10 bed psych unit and outpatient mental health area. (Awarded in FY05)
- 2005-4: Primary Care Enhancement
- 2009: Construct med/surg addition, renovate adjacent areas for new inpatient bed unit

VA Central Iowa HCS: Knoxville

- 2006-9: Renovate Bldg 1 for Primary Care, Specialty Care and Mental Health

VAMC Fargo

- 2007-2: Renovation for specialty care

VAMC Iowa City

- 2008: Construct new surgery suite adjacent to ICU and renovate old operating room for ambulatory surgery
- 2007: Renovate inpatient wards for patient privacy

VAMC Minneapolis

- 2008: Renovate bed ward to primary care clinics
- 2010: Renovate patient ward for specialty clinics

VA NWI HCS: Omaha

- 2005-2: Build new space for ICU on top of existing clinic addition (Awarded in F05)
- 2007-1: Convert vacant space for ancillary and SPD
- 2007-3: Build new space for surgery adjacent to new ICU
- 2008-4: New specialty care construction and renovation of surgery for specialty care



VAMC St. Cloud

- 2008: Renovate space to expand inpatient psych ward
- 2007: Construct new space for specialty care
- 2008: Renovate space to expand specialty care

VAMC Sioux Falls

- 2008: New surgery suite and clinical space
- 2008: Renovate Mental Health area
- 2008: Remodel PT and OT

Veterans Rural Access Hospital

VA Central Office designated the Hot Springs Campus as a Veterans Rural Access Hospital. The Hot Springs Campus was a small facility issue under CARES.

Realignment of VA Central Iowa

In FY 2006, VA Central Iowa HCS will develop recommend actions for the Knoxville campus.

Community Based Outpatient Clinics

Under the Secretary's CARES Decision, VISN 23 received approval for 21 Community Based Outpatient Clinics (CBOCs). Business plans will be developed and submitted to VA Central Office for approval in the year indicated below. Implementation will be contingent upon available funding. All plans were shifted forward one year due to budget constraints in FY05.

Some proposed CBOCs may operate as outreach clinics in low density veteran population areas because the number of projected users would be fewer than needed to justify a full time clinic. Outreach clinics are clinics usually staffed by VA employees who travel to the site on a weekly or monthly basis. The VA Black Hills HCS has operated outreach clinics successfully for several years and has improved access for veterans in highly rural areas.

FY 2006

- Bemidji-Fosston, MN
- Holdrege, NE
- Spirit Lake, IA
- Western Wisconsin
- Dickinson, ND
- Williston, ND (outreach clinic)
- Jamestown, ND (outreach clinic)

FY 2007

- Grand Forks, ND Air Force Base
- Devils Lake, ND
- Shenandoah, IA
- Carroll, IA
- Marshalltown, IA
- Cedar Rapids, IA
- Wagner, SD
- Watertown, SD

FY 2008

- Alexandria, MN
- Bellevue, NE
- Redwood Falls, MN
- O'Neill, NE
- Ottumwa, IA
- Northwest Twin Cities Metro Area



FY 2006 Planning Priorities

The Executive Leadership Council will continue to emphasize in FY 2006, the five priority initiatives identified in 2004 and 2005. Last year, a new priority strategy was introduced: *Build a culture of continuous quality improvement*. By continuously improving patient care, the VISN is moving towards becoming a health care system where patients experience no needless deaths, no needless pain, no needless waste, no unwanted waits and no helplessness during their health care treatment. Employees will continuously improve work processes, measure outcomes, and participate in collaboratives in order to transform the health care organization to an improved level of performance.

FY 2006 Planning Priorities

- Build a culture of continuous quality improvement
- Implement a Care Coordination Program
- Fully implement Advanced Clinic Access
- Prepare for Workforce Replacement
- Implement a Utilization Management Program

In 2004, the Executive Leadership Council selected three planning initiatives to facilitate the organization's approach to improve the quality of care veterans receive and address the five aims to improve level of performance. The three planning initiatives were 1) chronic disease management (addresses all five aims), 2) pain management (addresses no needless pain) and 3) diagnostic results management (addresses no helplessness).

In 2005, the Executive Leadership Council added five more planning initiatives to continue and strengthen the focus on quality improvement. The new planning initiatives are presented in the chart "Continuous Quality Improvement Planning Initiatives".

A VISN Task Force is working on a pain management program and the VISN

Informatics Sub-Council is developing recommendations to improve diagnostic results management.

Continuous Quality Improvement Planning Initiatives

- Develop chronic disease management programs
 - Develop a network pain management program
 - Improve diagnostic results management
 - Educate employees on continuous improvement concepts
 - Support new and existing Network collaboratives that cross service lines and facilities
 - Continue the commitment to 100K Lives Campaign
 - Reduce unexplained and unwarranted clinical and cost variation in processes and outcomes throughout the Network
 - Involve HSR&D in clinical and administrative studies for services such as study design, data collection and defining measurements
 - Expand work team access to data about their cost, quality and customer satisfaction
 - Develop a resource clearinghouse for benchmark information
-
- All VA Medical Centers joined the Institute for Healthcare Initiatives campaign to save 100,000 Lives. The campaign aims to enlist thousands of hospitals across the country in a commitment to implement changes in care that have been proven to prevent avoidable deaths. The VISN is adopting the following six changes:
 - Deploy Rapid Response Teams...at the first sign of patient decline
 - Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction...to prevent deaths from heart attack
 - Prevent Adverse Drug Events (ADEs)...by implementing medication reconciliation
 - Prevent Central Line Infections...by implementing a series of interdependent,

scientifically grounded steps called the “Central Line Bundle”

- Prevent Surgical Site Infections...by reliably delivering the correct perioperative care
- Prevent Ventilator-Associated Pneumonia...by implementing a series of interdependent, scientifically grounded steps called the “Ventilator Bundle”

Strategic Initiative Funding

In FY04, the VISN 23 Executive Leadership Council (ELC) committed nearly \$7 million of the network’s FY04-05 budget to implement proposals supporting strategic and tactical plan initiatives. Funding the planning initiatives solidified the linkage between the budget and the strategic/tactical planning process, and improved the network’s ability to achieve its goals.

Funds supported the acquisition of telehealth equipment and hiring of a coordinator for the Care Coordination Program. Implementation of the principles of Advanced Clinic Access in clinics across the VISN helped reduce the waiting times for patients. Internship positions in the Business Offices and Medical Technology Supervisor positions were selected. A VISN policy on Utilization Management was developed and approved.

FY 2004-05 Funded Strategic Initiatives

- Lung Disease Self Manage Care Program
- Mental Health Services in CBOCs
- Expand Non-Institutional Care
- Bariatric Surgery Program
- Telemedicine: Endocrinology
- Improved Phlebotomy Services
- Expand CHF Clinic
- Supervisory Medical Technologist
- VISN 23 Business Office Succession Plan

- Blood Glucose Self Monitor
- Compensated Work Therapy Transition House
- Evidence Based Practice Network
- Depression Management (Primary Care)
- VISN Gero-Psychiatric NHCU

Network service lines and network councils were invited to submit proposals to compete for the FY05-06 additional resources. The following initiatives were awarded from \$5 million allocated for strategic initiatives.

FY 2005-06 Funded Strategic Initiatives

- ICU Quality Improvement Collaborative
- Depression, a Disease Management Approach
- CPRS Computer Decision Support System to Improve Antimicrobial Prescribing
- VISN Utilization Review Program
- Tuition Reimbursement

This year, network service lines and network councils were again invited to submit proposals aligning with VISN 23 priorities for FY06-07 resources. The following proposals were funded with \$5 million.

FY 2006-07 Funded Strategic Initiatives

- VISN 23 Surgical Site Infection Quality Improvement Collaboration
- Transforming the Culture of VISN 23 VA Nursing Home Care Units
- Chronic Disease Management Program for Diabetes, COPD and CHF

Strategies and Planning Initiatives

VISN 23 supports the strategies of the Veterans Health Administration as presented in the following section. The main strategy emphasized in VISN 23 is VHA Strategy 1: Continuously improve the quality and safety of health care for veterans, particularly those health issues associated with military service. Network service lines, councils and integrated services planning initiatives explain how VISN 23 intends to achieve VHA strategies. The name of the service responsible for implementing the planning initiative is listed in italics. The top three planning initiatives from each service are presented. Additional planning initiatives are presented in each of the service's strategic plan available upon request from the VISN 23 Office. Employees may access the plans on the VISN 23 Intranet site.

QUALITY

VHA Strategy 1: Continuously improve the quality and safety of health care for veterans, particularly those health issues associated with military service.

VISN Priority: Build a Culture of Continuous Quality Improvement

Planning Initiatives:

- Educate employees in VISN 23 on continuous improvement concepts and support them to utilize the concepts to improve their work processes. *Organizational Performance Council and Education Service*
- Support new and existing Network collaboratives that cross service lines and facilities and support facility level and service line improvement projects. *Organizational Performance Council*
- Participate in the Institute for Healthcare Improvement's 100,000 Lives Campaign to implement changes in care that have proven to prevent avoidable deaths by supporting new and existing Network collaboratives that cross service lines and facilities, and support facility and service line improvement projects. *Organizational Performance Council*
- Develop and implement programs for chronic disease management in COPD, CHF, Diabetes, Obesity and Depression. *Primary & Specialty Medicine Service Line*
- Enhance the quality of care for Chronic Disease Management in Dementia patients. *Extended Care and Rehabilitation Service Line*
- Participate in saving 100K Lives Campaign, implement surgical site infection collaborative and continue to participate in the VISN 23 ICU Quality Improvement Collaborative. *Surgical/Specialty Care Service Line*
- Implement VA Clinical Practice Guidelines-Target AMI Care and OIF/OEF. *Primary & Specialty Medicine Service Line*
- Continue to support and expand programs for "Special Populations" and veterans with unique care needs. *Extended Care and Rehabilitation Service Line*
- Continue to enhance and develop Hospice and Palliative Care within VISN 23. *Extended Care and Rehabilitation Service Line*
- Improve Quality Oversight of VA Nursing Home Care Units, State Veterans Homes and Community Nursing Homes. *Extended Care and Rehabilitation Service Line*
- Reduce poly-pharmacy in Psychiatric Outpatients. *Mental Health Service Line*
- Plan and implement Pre/Post-OP Beta Blocker Initiative. *Surgical/Specialty Care Service Line*
- Perform VISN-wide Medication Usage Evaluations. *Pharmacy Benefits Management*
- Ongoing review of VISN wide Medication Safety initiatives and

adoption of strategies to improve outcomes. Implement medication reconciliation upon admission. *Pharmacy Benefits Management*

- Ensure that patients are notified of exam results especially abnormal test results. *Imaging Service Line.*
- Provide prompt scheduling of all imaging exams. *Imaging Service Line.*
- Reduce unexplained and unwarranted clinical and cost variation in processes and outcomes throughout the Network. *All VISN Service Lines, Integrated Services and VAMCs*
- Involve HSR&Ds in clinical and administrative studies for services such as study design, data collection, and

defining measurements. *All VISN Service Lines, Integrated Services and VAMCs*

- Expand work team access to data about their cost, quality and customer satisfaction. *All VISN Service Lines, Integrated Services and VAMCs*
- Develop a resource clearinghouse for benchmark information. *VISN Office*
- Develop a network pain management program. *Chief Medical Officer*
- Improve diagnostic results management. *Informatics Sub-council.*
- Build/publish/train SDM data cube with cost linkages to department level identifying utilization detail with each outcome. *Decision Support Services (DSS) Department*

ACCESS

VHA Strategy 2: Provide timely and appropriate access to health care by implementing best practices.

VISN Priority: Fully Implement Advanced Clinic Access

Planning Initiatives:

- Fully implement Advanced Clinic Access (ACA) to offer every patient an appointment today for any problem, urgent or routine in all clinics in VISN 23 by 2008. *ACA*
- Achieve Clinic Access Goals as specified in the National and VISN 23 performance measures. *Surgical/Specialty Care Service Line*
- Establish new CBOCs per CARES recommendations. *Primary & Specialty Medicine Service Line*
- Expand EC&R Service Line Non-Institutional Care Programs and Care Coordination Home TeleHealth Programs. *Extended Care and Rehabilitation Service Line*
- Provide CBOC's with additional resources to access those veterans who are homeless or in need of higher level of case management as a pilot program. *Mental Health Service Line*

- Continuously improve the quality of systems services and access. *Integrated Information Technology Service*
- Expand TeleHealth Services. *TeleHealth*
- Expand Diabetic Retinopathy Surveillance Program. *TeleHealth*
- Explore opportunities for using store-forward technology to improve access to specialty services. *TeleHealth*
- Provide systems to streamline work; identify and analyze initiatives to improve Prosthetic program outcomes. *Prosthetics*
- Implement the principles of Advanced Clinic Access in Dentistry. *Dental Integrated Service*

VISN Priority: Develop a Care Coordination Home Telehealth Program

Planning Initiatives:

- Develop and fully implement a Care Coordination Home Telehealth Program. *Care Coordination*

SATISFACTION

VHA Strategy 3: Continuously improve veteran and family satisfaction with VA care by promoting patient-centered care and excellent customer satisfaction.

Planning Initiatives:

- Develop Consumer Councils at all sites. *Mental Health Service Line*
 - Provide high quality and reliable services that maximize health and function. Develop and monitor patient satisfaction with Prosthetics services and goods. *Prosthetics and Sensory Integrated Service*
 - Facilitate continuous learning in IT staff to improve IT customer service and performance. *Information Technology Integrated Service*
 - Insure data validity, accurate dental data workload assessments, and cost reports. *Dental Integrated Service*
-

VHA Strategy 4: Promote diversity, excellence and satisfaction in the workplace and foster a culture which encourages innovation.

VISN Priority: Prepare for Workforce Replacement

Planning Initiatives:

- Prepare for workforce replacement. *Workforce Development Council*
- Continuation of Network and deployment of facility leadership development programs throughout VISN 23. *Workforce Development Council*
- Ensure that the workforce reflects the customers served. *Workforce Development Council*
- Address the Employee Survey results and improved Network Awards program in light of impact on employee retention. *Workforce Development Council*
- Enhance access and utilization of the VISN 23 Education Web-site and Web-based Learning Management System to leverage E-learning resources as a viable tool for staff development. *Education Product Line*
- Develop individuals with recognized potential for higher-level leadership positions. Continue LEAD program and implement facility LEAD program. *Education Product Line*
- Succession planning and enhanced financial support. *Finance*
- Develop and implement a succession plan for VISN 23 Acquisition in the 1102 services. *Logistics Integrated Service*
- Develop recruitment and retention strategies for Lab Information Management and Lab supervisors. *Pathology & Laboratory Medicine Service Line*
- Provider satisfaction survey for Primary Care Specialty Medicine and Mental Health Service Lines. *Primary & Specialty Medicine Service Line*

COST-EFFECTIVENESS

VHA Strategy 5: Promote excellence in business practices through administrative, financial, and clinical efficiencies.

VISN Priority: Develop a Utilization Management Program

Priority Planning Initiatives:

- Implement the Primary & Specialty Medicine Utilization Management Program. *Primary & Specialty Medicine Service Line*
- Expand the use of common purchase/lease agreements for equipment, expendables and reference lab testing. *Pathology & Laboratory Medicine Service Line*
- Collaborate to improve the accuracy of laboratory testing requests. *Pathology & Laboratory Medicine Service Line*
- Develop VISN 23 Pharmacy Benefits Management program. *Pharmacy Benefits Management*
- Enhance department budget process, utilization and output reports through us of DSS where tools are available. *Finance*
- Create and formalize VISN-wide tools, processes and procedures on accuracy and integrity of financial records. *Finance*
- Use sound business practices and apply national guidelines to achieve VHA initiatives and healthcare value, including monitoring against established parameters to ensure cost efficiency and compliance. *Prosthetics*
- Develop a plan to improve VISN 23 progress toward meeting VA Socio-Economic Procurement Goals. *Logistics Integrated Service*
- Use available Logistic data to track inventory, increase compliance with standardization, and obtain comprehensive procurement information. *Logistics Integrated Service*
- Accounts Receivable Follow-up insure 1st and 3rd party accounts are followed up in accordance with national guidelines. Fully implement a denial management process. *Business Office Integrated Service*
- Implement E-Pharmacy initiative to electronically submit pharmacy claims to third party insurers at time of prescription fill. *Business Office Integrated Service*
- Hold workshop in Interim to Advanced Medical Record Coding. *Business Office Integrated Service*
- Ensure development of a Network and Facility Compliance program that meets the mandatory requirements of VACO Directive 2005-030 and the CBI Annual Report. *Compliance Office*
- Continuously assess and remediate areas of identified compliance risk at the Network and Facility levels. *Compliance Office*
- Track and monitor appropriate Compliance and Business Integrity indicators. *Compliance Office*

QUALITY

VHA Strategy 6: Focus research and development of clinical and system improvements designed to enhance the health and well-being of veterans.

Planning Initiatives:

- Increase Institutional Review Board compliance with NCQA and AAHRPP accreditation and maintain, as appropriate, Association for Assessment and Accreditation of Laboratory Animal Care (AAALCA) or Nuclear Regulatory Commission (NRC) accreditation or certification. *Research Product Line*
- Continue to strengthen the VISN 23 information technology architecture and infrastructure. *Information Technology Integrated Service*

QUALITY

VHA Strategy 7: Promote excellence in education of future health care professionals and enhance VHA partnership with affiliates.

Planning Initiatives:

- Establish virtual school of radiological technique for VISN 23. *Imaging Service Line*
- Eliminate use of temporary staff with an internal pool of technologists in training and establish a virtual school of Radiologic technique. *Imaging Service Line*

HEALTHY COMMUNITIES

VHA Strategy 8: Promote health within the VA, local communities, and the nation consistent with VA's mission.

Planning Initiative:

- Explore opportunities for providing care to Native American veterans through collaboration with IHS utilizing TeleHealth. *TeleHealth*



Performance Targets

For each of the VISN's key priorities, performance targets are established, projected and monitored to demonstrate outcomes.

Other performance measures are presented in the individual service strategic plans of the various network services and councils.

Performance targets are presented below for the key strategies and priorities in the strategic plan.

Key Strategies & Planning Initiatives (PI)	Key Performance Measures	2003 End of Year	2004 End of Year	2005 End of Year	2005 Target	2006 Target
QUALITY <i>PI: Care Coordination Priority</i> <i>PI: Build a culture of continuous improvement.</i>	Unique patients with a clinic stop in Care Coordination		11	53	500	1,000
	Chronic disease management programs • COPD • CHF • Dementia • Depression • Diabetes • Obesity			1 Obesity	4	6
	Pain Management Program: VISN 23 Pain Management Task Force will provide a reference library of materials for pain management patient education.			List of educational materials developed		Pat Ed materials Established
	Diagnostic Results Management: Establishment of a tool to assess if the veterans have received their most recent diagnostic test results					Tool Implemented
	Performance improvement projects completed by medical centers, service lines, and Network collaboratives Performance will be measured by identifying an appropriate number of projects targeted for completion.		241 projects	389 projects		To be determined

Key Strategies & Planning Initiatives (PI)	Key Performance Measures	2003 End of Year	2004 End of Year	2005 End of Year	2005 Target	2006 Target
QUALITY <i>PI: Build a culture of continuous improvement.</i>	Every employee in VISN 23 will receive training on systems thinking and performance improvement tools and techniques. Performance measure is 100%. Numerator = number of employees trained. Denominator = total number of employees in VISN 23.		48%	68%	100%	100%
	Through the Network Director Star Award Program, teams will be recognized for their performance improvement activities.		21 submissions	35 submissions		To be determined
	Performance measure is three (3) team awards each fiscal year. Build a pool of network experts in running collaboratives. Performance will be measured by identifying an appropriate number of staff trained and actively leading/coaching/supporting a collaborative.		427 staff trained	520 additional staff trained		To be determined
	Cultural transformation from "Current Rule," to "New Rule." Performance will be measured through the use of a standardized survey tool such as the employee satisfaction survey.					To be determined
	Average daily census – non institutionalized care	690	972	984	944	1654

Key Strategies & Planning Initiatives (PI)	Key Performance Measures	2003 End of Year	2004 End of Year	2005 End of Year	2005 Target	2006 Target
QUALITY <i>PI: Build a culture of continuous improvement</i>	Implement 100K Lives campaign # deaths/# discharges					
	1. Rapid Response Team: # Codes/1000 discharges					
	2a. AMI: AMI - Outpt LDL-c < 100 on most recent test AND having full lipid panel in past 2 yr		55%	62%	65%	
	2b. AMI - Outpt LDL-c > or = 120 (Lower % better)		17%	20%	20%	
	3. Adverse Drug Events: # of reconciled medications/ total number of medications upon admission. (sample taken from each VAMC and reviewed monthly)			92% (Sep & Oct)		≥95%
	4. Central Line Infections: # of events/1000 central line days			5.3/1000	≤2/1000	≤ 2/1000
	5a. Surgical Site Infections: # of surgical cases between Surgical Site Infections					
	5b. # of days between Surgical Site Infections					
	6. Ventilator Associated Pneumonia # of events/1000 ventilator days			7.2/1000	≤3/1000	≤3/1000

Key Strategies & Planning Initiatives (PI)	Key Performance Measures	2003 End of Year	2004 End of Year	2005 End of Year	2005 Target	2006 Target
ACCESS	Percent of established patients seen within 30 days of their desired appointment date:					
	Primary Care			98%	96%	95%
	Eye care			95%	96%	95%
	Urology			97%	96%	95%
	Orthopedics			93%	96%	95%
	Audiology			95%	96%	95%
	Cardiology			93%	96%	95%
<i>PI: Advanced Clinic Access</i>	Percent of new patients seen within 30 days of appointment creation date:					
	Primary Care			62%	80%	90%
	Eye care			55%	63%	64%
	Urology			80%	63%	77%
	Orthopedics			58%	63%	78%
	Audiology			75%	63%	86%
	Cardiology			72%	63%	79%
	In specialty care, the wait time for next available appointments in 2003 and in 2004 the percent of patients scheduled an appointment within 30 days:					
	Eye care	30 days	84%			
	Urology	25 days	95%			
	Orthopedics	20 days	48%			
	Audiology	27 days	74%			
	Cardiology	29 days	98%			
	Perception: Percent Primary Care patients seen when desired :					
	*New Patients	80%	81%	90.2%	88%	90%
	**Established Patients	87%	87%	91.2%	88%	90%
	Data Source: Survey of Healthcare Experiences of Patients					
	Percent of Outpatients who report waiting for a provider 20 minutes or less in the Survey of Healthcare Experiences of Patients (SHEP)	70%	77%	79.5%	80%	90%

Key Strategies & Planning Initiatives (PI)	Key Performance Measures	2003 End of Year	2004 End of Year	2005 End of Year	2005 Target	2006 Target
SATISFACTION <i>PI: Workforce Replacement</i>	The VISN strategic plan contains a component addressing workforce development including succession plan that identifies projected workforce needs and objectives to guide diversity management, education and HPDM plans	Achieved	Achieved	Achieved	Submit Succession Plan to VACO in February 2005	Submit Succession Plan to VACO in FY06
	Employee Satisfaction-Progress toward achieving milestones		Achieved			
	Succession planning proposals developed for key positions	0	NA	7 proposals submitted	6 proposals	35 positions funded at \$1.34M
	Turnover rate reduced – RNs	6.6%	6.2%	7.0%		To be determined
	Turnover rate reduced – physicians	10.4%	11.3%	10.4%		To be determined
	Turnover rate reduced – Pharmacists	4.4%	5.2%	5.7%		To be determined
	Turnover rate reduced – LPNs	9.4%	6.5%	7.2%		To be determined
	Turnover rate reduced – Radiology techs	7.6%	12.3%	5.2%		To be determined
	Turnover rate reduced – Medical techs	2.2%	3.6%	3.8%		To be determined
	Financial reward & recognition >0.5% of personal service dollars	0.3% of operating budget	0.78%	0.78%	0.5%	0.78%
	Number of participants who successfully complete the Network LEAD Program			0		28

Key Strategies	Key Performance Measures	2003 End of Year	2004 End of Year	2005 End of Year	2005 Projected Target	2006 Projected Target
COST EFFECTIVE						
<i>PI: Utilization Management</i>	<p>UM Plan developed & approved < June 2004</p> <p>UM Plan implemented < September 2004</p> <p>100% compliance with VHA Directive 2005-040 Utilization Management Policy by the designated timeframes within the policy.</p>		<p>Achieved</p> <p>Achieved</p>			100% Achieved

Definitions

* Primary Care – New Patients

Percent of new patients (not seen in primary care in the prior 24 months) responding to the SHEP survey who answer 'yes' to the question, "Did you get an appointment when you wanted one?"

** Primary Care – Established Patients

Percent of established patients (seen in primary care in the prior 24 months) responding to the SHEP Survey who answer 'yes' to the question, "Did you get an appointment when you wanted one?"

***Specialty Care

Percent of next available appointments scheduled within 30 days. Next Available Waiting Time is the time in days between the date that a next available appointment request is made and scheduled and the date the appointment is scheduled to occur.

VISN 23 Strategic Plan FY 2006-2010

Domains of Value	Planning Priorities	Critical Success Factors
Quality	1. Build a culture of continuous quality improvement <ul style="list-style-type: none"> • Develop chronic disease management programs • Develop a network pain management program • Improve diagnostic results management • Educate employees on continuous improvement concepts • Support new and existing Network collaboratives that cross service lines & VAMCs • Continue the commitment to 100K Lives Campaign • Reduce unexplained and unwarranted clinical and cost variation in processes and outcomes throughout the Network • Involve HSR&D in clinical and administrative studies for services such as study design, data collection and defining measurements • Expand work team access to data about their cost, quality and customer satisfaction • Develop a resource clearinghouse for benchmark information 	Quality of health care services and patient safety
Access	2. Fully implement Advanced Clinic Access 3. Develop a Care Coordination Telehealth Program	Growth in new users, maintain current users
Satisfaction	4. Prepare for Workforce Replacement	Customer Service
Cost-effectiveness	5. Develop a Network Utilization Management Program	Efficient use of Staff, equipment and resources

